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ADDLICATION NO EII ING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 10/603.819 06/26/2003 2396391158 2765 Thomas Nilsson

TITLE OF INVENTION: ADMINISTRATION OF MEDICINAL DRY POWDERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/05/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
ALSTRUM ACEVEDO, JAMES HENRY 1616		424-046000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.5/3) Change of correspondence address (or Change of Correspondence Address form FTOSB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTOSB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2 McClell	Oblon, Spivak, 2 McClelland, Maier 3 & Neustadt, P.C.	

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PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Mederio AG Hergiswil NW, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 📮 Government 4a. The following fee(s) are submitted: 4b. Payment of Fec(s); (Please first reapply any previously paid issue fee shown above)

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